## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 08, 2004 8:00 am Secretary of State 03-08-2004 90021 034 \*\*\*150.00

Principal Place of Business 214 INLET WAY PALM BEACH SHORES, FL 33404 US  2. Principal Place of Business 3. Mailing Address 214 INLET WAY PALM BEACH SHORES, FL 33404 US  2. Principal Place of Business 3. Mailing Address  Suite, Apt. #, etc.  D1262004 Chg-P CR2E034 (10/03)  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Scretificate of Status Desired Fee Required  7. Name and Address of New Registered Agent  Name  LOFBLAD, ROBERT P 214 INLET WAY #104 PALM BEACH SHORES, FL 33404  City Man Brack ##ADD State of Place of Principal Pales  Street Address (B.C. Box Number is Not Accerticate  City Man Brack ##ADD State of Place of P
214 INLET WAY PALM BEACH SHORES, FL 33404 US  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  01262004 Chg-P CR2E034 (10/03)  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Sic Certificate of Status Desired Fee Required  7. Name and Address of New Registered Agent  Name  Name  Name  Name  Name  Name  Street Address (P.C. Box Number is Not) Accessing the State of Florida. I am familiar with, and so the obligations of posistered agent.  SIGNATURE  Signature, upond or printed ware of registered agent with a applicable.  Pale Now!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Pale Incompalign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITILE  Phanes, GALEN INSEE ADDRESS  214 INLET WAY # 106  City Street Address (P.C. Box Number required when resistancy)  Palm Brack Street Address of New Registered Agent  Note: Registered office or registered agent, or both, in the State of Florida. I am familiar with, and so the obligations of posistered agent.  SIGNATURE  Signature, upond or printed ware or registered agent with a applicable.  NOTE: Registered Agent uponder required when resistancy.  Palm Brack Street Agent uponder required when resistancy.  Trust Fund Contribution.  Added to Fees  10. OFFICERS AND DIRECTORS In 11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITILE  Phanes, GALEN INTERE ADDRESS  214 INLET WAY # 106  City Street Address (P.C. Box Number agent and with a applicable.  Palm Brack Street Agent agent and with a applicable.  Palm Brack Street Agent age
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Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1262004 Chg-P CR2E034 (10/03)  City & State  Country  5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  City Name  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  City Name  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  City Name  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  City Name  City Name  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  Street Address (P.O. Box Number is Not Accessed to New Registered Agent)  Street Address (P
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City & State  Country  Country  Country  Country  Country  Country  Street Address of Status Desired  Fee Required  Fee Required  Fee Required  Name  HANS, GALON  Street Address of New Registered Agent  Street Address (E.O. Box Number is Not Access #1066  City HAM BRACH SHORES, FL 33404  City HAM BRACH SHORES  City HAM BRACH SHORES  Signature, speed or printed name of registered agent, and title if applicable.  (NOTE: Registered Agent segnature required when remaining)  PILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  PER Signature, speed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent segnature required when remaining)  DATE  PILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  PER Signature agent segnature required when remaining)  DATE  PILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  PER Signature speed or printed name of registered agent and title if applicable.  INTILE  VICT AUSSIANT  Change Kine  NAME  N
Specificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Require
Specificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Require
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name HANGS, GALOW  Street Address (P.O. Box Number is Not Accentious)  Street Address (P.O. Box Number is Not Accentious)  City PALM BRACH SHORES, FL 33404  City PALM BRACH SHORES  FL Zip Code, 33 your short of registered agent.  SIGNATURE Signature, speed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when remisting)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PALM BRACH SHORES  Trust Fund Contribution. Added to Fees Signature, speed or printed name of registered agent and tille if applicable.  NOTE: Registered Agent signature required when remisting)  DATE  PALM BRACH SHORES  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PALM BRACH SHORES  Trust Fund Contribution. AME STREET ADDRESS  214 INLET WAY #106  CITY-ST-ZIP PALM BRACH SHORES, FL 33404
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name HANES, GALON  Street Address (P.O. Box Number is Not Acce. #106  City ALM BRACH SHORES, FL 33404  City ALM BRACH SHORES  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE  Signature. Synd or private name of registered agent and tills if applicable. (NOTE: Registered Agent signature required when remaining)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITITLE  PARME HANES, GALEN  SIREET ADDRESS  214 INLET WAY #106  CITY-ST-ZIP PALM BEACH SHORES, FL 33404
LOFBLAD, ROBERT P 214 INLET WAY #104 PALM BEACH SHORES, FL 33404  City ALM Brack SHORES  FL Zip Code  #33404  City ALM Brack SHORES  City ALM Brack SHORES  FL Zip Code  #33404  City ALM Brack SHORES  City ALM Brack SHORES  FL Zip Code  #33404  City ALM Brack SHORES  City ALM Brack SHORES  FL Zip Code  #33404  City ALM Brack SHORES  Signature required when reinstains)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  P. Election Campaign Financing  Trust Fund Contribution.  DATE  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  HANES, GALEN  SIREET ADDRESS  214 INLET WAY #106  CITY-SI-ZIP  PALM BEACH SHORES, FL 33404
LOFBLAD, ROBERT P 214 INLET WAY #104 PALM BEACH SHORES, FL 33404  City ALM BRACH SHORES  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent.  SIGNATURE  Signature. Apped or printed name of registered agent and tille if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  HANES, GALEN  SIREET ADDRESS  214 INLET WAY #106  SIREET ADDRESS  214 INLET WAY #106  CITY ALM BRACH SHORES, FL 33404  SIREET ADDRESS  CITY-ST-ZIP  AND BRACH STARES, FL 33404
214 INLET WAY #104 PALM BEACH SHORES, FL 33404  City   Arm Brack Sfbro   FL   Zip Code   738404  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE   Signature, speed or printed name of registered agent and tills if applicable. (NOTE: Registered Agent agent are tills)  FILE NOW!!! FEE IS \$150.00   Pale
City   ALM Brach SHores, FL   33404  City   ALM Brach SHores   FL   Zip Code   33404  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent.  SIGNATURE
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FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  TITLE  NAME  HANES, GALEN  SIREET ADDRESS  214 INLET WAY #106  CITY-ST-ZIP  PALM BEACH SHORES, FL 33404  ONTE: Registered agent and title if applicable. (NOTE: Registered Agent agrapture required when reinstating)  DATE  \$5.00 May Be Added to Fees  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  VICT ARCS/DAT  Change Acceptable  NORC IA, TOHAN  SIREET ADDRESS  CITY-ST-ZIP  PALM BEACH SHORES, FL 33404
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

GALENE, HANRS PRESIDENT 3-2